

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY****UNIFORM SUPPORT ORDER**☐ **MODIFICATION****CASE NO.**

Court address

FAX no.

Court telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

v

Plaintiff's source of income name, address, and telephone no.

Defendant's source of income name, address, and telephone no.

Unless otherwise ordered, this order continues until each child is age 18 or graduates from high school as provided in MCL 552.605b, whichever is later, but no longer than age 19 1/2 as follows:

1. **Support.** Unless otherwise ordered, support shall be paid by income withholding when available, through the friend of the court or State Disbursement Unit. The support obligation is set monthly according to the following details:

Support payer:			Support payee:		
Effective date:		Spousal support: \$		End date of spousal support:	
Children supported:	1 child	2 children	3 children	4 children	5 or more children
Base support:	\$	\$	\$	\$	\$
Ordinary medical:	\$	\$	\$	\$	\$
Child care:	\$	\$	\$	\$	\$
Total:	\$	\$	\$	\$	\$
<input type="checkbox"/> Base support shall abate 50% after 6 consecutive overnights under MCSF 3.07 of the current year.					
<input type="checkbox"/> Support based on shared economic responsibility was set using payer's general support obligation of \$_____ and _____ overnights of parenting may be adjusted under MCSF 3.06 of the current year.					
The above ordered support provisions <input type="checkbox"/> do <input type="checkbox"/> do not follow the child support formula.					

2. **Insurance.** ☐ Plaintiff ☐ Defendant shall carry insurance [as the term "insurer" is defined in MCL 552.602(o)] covering hospital, dental, optical, and other medical expenses when coverage is available at a reasonable cost through an employer or under an existing individual policy.
3. **Uninsured Medical Expenses.** All uninsured health care expenses will be paid _____% by the plaintiff and _____% by the defendant. Uninsured expenses exceeding the yearly amount of the ordinary medical support in the year they are incurred that are not paid within 28 days of a written payment request may be enforced by the friend of the court.
4. **Qualified Medical Support Order.** This order is a qualified medical support order under 29 USC 1169. To qualify this order, the friend of the court shall issue a notice to enroll under MCL 552.626b. A parent may contest the notice by requesting a review or hearing concerning availability of health care at a reasonable cost.
5. **Retroactive Modification, Surcharge for Past Due Support, and Liens for Unpaid Support.** Support is a judgment the date it is due and shall not be modified retroactively. A surcharge will be added to past due support. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues for more than the periodic support payments payable for two months under the payer's support order.
6. **Change of Address, Employment Status, Health Insurance.** Both parties shall notify the friend of the court in writing, within 21 days of the change, of any change in: a) their mailing or residence address and telephone number; b) the name, address, and telephone number of their employer or source of income; c) their health maintenance or insurance company, insurance coverage, persons insured, or contract number; d) their occupational or driver licenses; and e) their social security number unless exempt by law under MCL 552.603.
7. **Redirection and Abatement:** Subject to the procedures prescribed in MCL 552.605d: 1) the friend of the court may redirect support paid for a child to the person who is legally responsible for the actual care, support, and maintenance of a child when that person is different than the payee of support; 2) support shall abate for a child who resides on a full-time basis with the payer of support.
8. **Fees.** The payer of support shall pay statutory and service fees as required by law.
9. **Prior Orders.** Except as changed in this order, the prior order shall remain in effect. Support payable under any prior order is preserved.
10. **Other: (attach separate sheets as needed)**

Plaintiff (if consent/stipulation)

Date

Defendant (if consent/stipulation)

Date

Date

Judge

Bar no.